

Mission Council on Alcohol Abuse for the Spanish Speaking

820 Valencia Street San Francisco Ca. 94110

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FILED**DRY ZONE**

2007 OCT 26 AM 8:56

(Wet-Reckless, 6-month First Offender, and Multiple Offender)RICHARD H. WILKING
CLERK
U.S. DISTRICT COURT
NO. DIST OF CA

Personal/ Referring/ Title

MA~~BISTRADE~~ JUDGE
 MR. JOSÉPH C. SPÉRO
US. DISTRICT COURT
450 GOLDEN GATE AVE
SAN FRANCISCO, CA 94102

Date: 10-22-07Re: William H. Spérez

D.O.B: _____

Docket# CR 07-0462 MAG

THIS IS TO NOTIFY YOU THAT THE FOLLOWING ACTION HAS OCCURRED:

Contacted us on: 10-22-07

Please provide us with a written referral.

Client was admitted into our program.

Client was Re-Admitted into our program.

Client was not admitted into our program.(see comments/recommendations)

Client has completed all program requirements.

We are requesting any records: (Medical, Psychiatric, Legal, etc.)

Comments/ Recommendation: _____

THANK YOU FOR YOUR REFERRAL.



Counselor Signature.

VLADIMIR SALGADO